



**Office Of The Secretary Of State  
Corporations Division**

**237 Coliseum Drive Macon, GA 31217  
404-656-2817**

Brian P. Kemp  
Secretary Of State

**Certificate Of Termination**

Article One

The Name Of The Limited Liability Company Is:

\_\_\_\_\_

Article Two

All known debts, liabilities and obligations of the limited liability company have been paid or adequate provision made thereof.

Article Three

There are no actions pending against the limited liability company in any court.

**IN WITNESS WHEREOF, the undersigned has executed this Certificate Of Termination**

On \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature And Capacity in which signing)

**Choose one option only.** ☐ Organizer, ☐ Manager, ☐ Attorney in fact

**Email Address** \_\_\_\_\_